

**ELEVATOR SAFETY BOARD**  
**BUREAU OF CONSTRUCTION CODES**  
**Conference Room 3**  
2501 Woodlake Circle  
Okemos, Michigan

**A G E N D A**  
Friday, March 28, 2008 - 9:30 A.M.

1. Call to Order and Determination of Quorum  
  
Approval of Minutes – January 11, 2008 (Pages 2-7)
2. Review of Elevator Contractor Applications:  
  
Craig L. LaLonde, Class A (Pages 8-11)
3. Review of Elevator Certificate of Competency Applications: (Pages 12-16)  
  
Keith A. Mann, Re-exam
4. Waiver Requests:
  - a. Wright & Filippis, Sacred Heart Rehabilitation Center, Memphis, Michigan  
(Pages 17-24)
5. Department Report:
  - a. Chief's Report
  - b. Accident Report
6. Legislative Update
7. Old Business:
  - a. U of M, Generator testing
  - b. Cal Rogler, Continuing education information
8. New Business
9. Public Comment
10. Adjournment

The meeting site is accessible, including handicapped parking. Individuals attending the meeting are requested to refrain from using heavily scented personal care products, in order to enhance accessibility for everyone. People with disabilities requiring additional accommodations in order to participate in the meeting should contact Laurie Bass at (517) 241-9337 at least (10) work days before the event.



JENNIFER M. GRANHOLM  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LABOR & ECONOMIC GROWTH  
LANSING

KEITH W. COOLEY  
DIRECTOR

**ELEVATOR SAFETY BOARD**  
**DEPARTMENT OF LABOR & ECONOMIC GROWTH**  
**BUREAU OF CONSTRUCTION CODES**

Conference Room 3  
2501 Woodlake Circle  
Okemos, Michigan 48864

**MINUTES**

Friday, January 11, 2008  
9:30 A.M.

**MEMBERS PRESENT**

Mr. Joseph McNally, Chair  
Mr. Richard A. Egerer  
Mr. David Flint  
Ms. Erin McLogan  
Mr. Pat Carroll  
Mr. William Kogelschatz  
Mr. Steven C. Lindsay  
Mr. George Svinicki

**MEMBERS ABSENT**

Mr. Antwane Maddox

**MICHIGAN DEPARTMENT OF LABOR AND ECONOMIC GROWTH PERSONNEL**  
**ATTENDING**

Mr. Calvin Rogler, Chief, Elevator Safety Division  
Mr. C. Douglas Dart, Asst. Chief, Elevator Safety Division  
Mr. Rick Clifford, General Inspector, Elevator Safety Division  
Mr. Tony Slinger, General Inspector, Elevator Safety Division  
Ms. Laurie Bass, Office Supervisor, Elevator Safety Division

**OTHERS IN ATTENDANCE**

Mr. Ernie Fox, Wright & Filippis  
Mr. Jeffrey Roy, Contractor Exam  
Mr. Tom Nelson, COC Exam  
Ms. Jodi Essenburg, Kone Inc.  
Mr. Mike Sovis, Kone Inc.  
Mr. Josh Jacobs, Kone Inc.

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January 11, 2008

Mr. Pete Long, Schindler Elevator Co.  
Mr. Mark Pawlowski, Schindler Elevator Co.  
Mr. Paul Pawlowski, Schindler Elevator Co.  
Mr. Louie Smith, Sparrow Hospital  
Mr. Chris Rummel, The Christman Co.  
Mr. Ron Peterson, Allways Elevator  
Ms. Tracy Peterson, American Accessibility Tech Inc.  
Mr. Jeremia Filippis, Wright & Filippis

1. **CALL TO ORDER AND DETERMINATION OF QUORUM**

The meeting was called to order at approximately 9:30 a.m. by Chairperson McNally. A quorum was determined present at that time.

2. **APPROVAL OF MINUTES**

A **MOTION** was made by Richard Egerer and supported by George Svinicki to approve the minutes of the November 2, 2007 board meeting. **MOTION CARRIED**

3. **REVIEW OF ELEVATOR CONTRACTOR APPLICATIONS**

Roy, Jeffrey L. – Class C Contractor, SC-PL- RES-LULA

A **MOTION** was made by David Flint and supported by Steven Lindsay to approve Jeffrey Roy to take the Class C Contractor examination. **MOTION CARRIED.**

4. **REVIEW OF ELEVATOR CERTIFICATE OF COMPETENCY APPLICATIONS**

Nelson, Thomas J. - COC

A **MOTION** was made by Richard Egerer, and supported by William Kogelschatz to approve Thomas Nelson to take the General Certificate of Competency examination. **MOTION CARRIED.**

5. **EXAMINATIONS**

A **MOTION** was made by Richard Egerer and supported by George Svinicki to grant the appropriate license/certificate to examinees if the applicants successfully pass their respective exams. **MOTION CARRIED.**

Roy, Jeffrey L. –Class C Contractor, SC-PL- RES-LULA, Pass  
Nelson, Thomas J. – COC Fail

6. **WAIVER REQUESTS**

a. **Schindler Elevator Corp, Sparrow Hospital, Lansing, Michigan**

Request has been made by Schindler Elevator Corp. for a waiver to item 1.17.3 of the A17.2-2001 Guide for inspection of elevators, escalators, and moving walks. This item requires all of the elevators on standby (emergency) power to be tested simultaneously with 125% of the rated load in the down direction. The hospital is requesting a waiver to test only one elevator at a time with 125% of the rated load in the down direction

After discussion, a **MOTION** was made by David Flint and supported by Richard Egerer to approve this variance request with the following requirements:

Required loads to be applied to the generator while testing is performed.  
At designated level provide illuminated signal to show emergency power testing.  
The division is to have final approval.

**MOTION CARRIED.**

b. **Otis Elevator Co, Foote Hospital, Jackson, Michigan**

Request has been made by Otis Elevator Corp. for a waiver to item 1.17.3 of the A17.2-2001 Guide for inspection of elevators, escalators, and moving walks. This item requires all of the elevators on standby (emergency) power to be tested simultaneously with 125% of the rated load in the down direction. The hospital is requesting a waiver to test only the three newly installed elevators.

After discussion Otis Elevator Co amended their waiver request as follows: to test all elevators on emergency power with one elevator at a time loaded with 125% of the rated load.

After discussion, a **MOTION** was made by David Flint and supported by William Kogelschatz to approve the variance request as amended. **MOTION CARRIED.**

c. **Wright & Filippis, International Baccalaureate Academy of Troy, Michigan**

Request has been made by Wright & Filippis to install a portable wheelchair lift at The International Baccalaureate Academy of Troy, in Troy, Michigan. This application is to provide access to the stage in an existing cafeteria/auditorium.

After discussion, a **MOTION** was made by David Flint and supported by Pat Carroll for the Elevator Safety Division, Wright & Filippis and representatives from the school to evaluate the feasibility of installing a permanent lift, specifically to utilize the mechanical room (338). If an appropriate location, as determined by the division, for a permanent lift installation is not available approval for a portable lift be granted with the following conditions:

- o The lift shall be attendant-operated. The attendant shall be summoned by means of a clearly labeled attendant call device located at each landing.
- o The attendant shall operate the lift by means of a continuous-pressure switch so located to provide the attendant full view of the floor area under the lift and full view of the lift throughout its travel. A manually reset emergency stop switch shall also be provided at that location.
- o No controls, other than an emergency stop switch, shall be provided in the car.
- o A key operated switch shall be provided at the operator station which will allow the up and down control switches to become effective only when the key is in the on position. The key operated switch shall be operated by a lock having a five pin or five disk combination with a key removable only in the off position.
- o The underside of the platform shall be equipped with a device which, if the platform is obstructed in its downward travel by a force not to exceed 4 lbf applied anywhere on its underside, will actuate an electric contact which shall cause electric power to be removed from the driving machine motor and brake and cause the platform to stop its downward motion within 2 inches.
- o A smooth vertical fascia of unperforated construction shall be fastened securely from the upper landing sill to the level of the lower landing sill. It shall be equal to or stronger than 0.0598 in. sheet steel and guard the full width of the platform. The fascia shall not be permanently deformed when a force of 125 lbf is applied on any 4 in. by 4 in. area.
- o Platform entrances shall be protected by a metal guard not less than 1/8" thick and not less than 9" high and shall extend the full width of the platform entrance and:
  - o the guard for the lower landing may be actuated automatically by movement from the landing
  - o the device shall not operate unless the guard for the upper landing is in the upright position
  - o the upper landing guard shall be actuated by the attendant, or:
  - o the platform entrances shall be protected by a platform door of unperforated construction at least 42" high with a combination mechanical lock and electric contact.
- o A special cap cord connector and dedicated outlet at the platform lift location.

- o The device shall be positioned to prevent lateral movement during use.
- o When the platform lift is not being used to service the stage area it shall be removed from the location and stored.

**MOTION CARRIED**

**d. Wright & Filippis, Muslin Community of Western Suburbs, Canton, Michigan**

Request has been made by Wright & Filippis to allow a vertical platform lift to exceed the 12' maximum travel limitations in section 2.7.1 of ASME A18.1-2003 at The Muslin Community of Western Suburbs in Canton, Michigan.

After discussion, a **MOTION** was made by Pat Carroll and supported by Richard Egerer to approve your variance request and allow the rise of approximately 13 feet for this installation.

**MOTION CARRIED**

**7. DEPARTMENT REPORT**

- Chief's Report - Mr. Rogler passed out and discussed the Chief's Report.
- Mr. Rogler passed out a Notice of Public Hearing scheduled for February 7, 2008, which includes proposed Elevator Fee changes.
- Mr. Rogler reported on Gen 2 installations approved on the board's behalf from 09-13-07 thru 01-11-08.
- Accident Report - Accident reports received and input from 10-01-07 through 12-28-07 were passed out and discussed.

**8. LEGISLATIVE UPDATE**

none

**9. OLD BUSINESS**

**a. U of M, Generator testing**

Mr. Flint informed the board Otis has supplied a price quote for testing and the quote has been submitted for approval. Mr. Flint also informed the contact person for the University of Michigan Hospital Elevators is Mr. Joseph W. Stchur.

**b. Kone, Installation report**

After discussion, a **MOTION** was made by Pat Carroll and supported by William Kogelschatz to allow the division to approve permits on the board's behalf for board reviewed Kone products. **MOTION CARRIED**

**c. ThyssenKrupp, South Lyon East High School Portable lift report**

Mr. Rogler reported the installation has been completed and was approved for use on 12/27/07.

**10. NEW BUSINESS -**

Pat Carroll discussed a new produce with converts a stairway into a vertical platform lift.

**11. PUBLIC COMMENT**

Mr. Ernie Fox from Wright & Filippis stated he believed the converting stairway is approximately three times as costly as a portable lift.

Mr. Ron Peterson informed the board he had installed a similar type unit in the City of Detroit, which the city did not consider an elevating device.

**12. ADJOURNMENT**

A **MOTION** was made by George Svinicki, and supported by Pat Carroll to adjourn. **MOTION CARRIED**

Chairperson McNally adjourned the meeting at approximately 11:45am.

Approved: \_\_\_\_\_  
Joseph McNally, Chairperson

Date: \_\_\_\_\_

# Application for Elevator Contractor License Examination

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Michigan Department of Labor & Economic Growth  
Bureau of Construction Codes  
Elevator Safety Division  
P.O. Box 30255, Lansing, MI 48909  
517-241-9337  
www.michigan.gov/bcc

## OFFICE USE ONLY

DIVISION ACTION	DATE
<input type="checkbox"/> SUBMITTED TO BOARD	INITIALS
<input type="checkbox"/> REJECTED	DATE
BOARD ACTION	DATE
<input type="checkbox"/> APPROVED	
<input type="checkbox"/> REJECTED	

EXAMINATION FEE: \$45.00 (nonrefundable)

Authority: 1967 PA 227 Completion: Mandatory As Required By Section 12 Penalty: Examination Will Not Be Given	The Department of Labor and Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.
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## IMPORTANT - READ CAREFULLY

- This application must be on file in the office of the Elevator Safety Division, Department of Labor & Economic Growth, Bureau of Construction Codes, P.O. Box 30255, Lansing, Michigan, 48909, on or before the twentieth day proceeding the date of the examination.
- The applicant shall be in a position to submit sufficient information relative to his/her experience, integrity and responsibility.
- Applicant must have at least 5 years of experience as an elevator constructor or journey person in the type of elevator work for which they desire the license.
- Submit 2 written references.
- Examination applications not properly completed will be rejected.
- The examination fee must accompany this application. Make check or money order payable to the **State of Michigan**.
- Mail completed examination application and fee to above address.

HAVE YOU PREVIOUSLY APPLIED TO TAKE THIS EXAMINATION?

☐ No

☒ Yes

Trans Info: 183 13760423-1 03/05/08  
CWS#: 11006902764 Amt: \$45.00  
ID#: CRAIG LALONDE

## APPLICANT INFORMATION

CLASS			
<input checked="" type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C - Device Type _____	
NAME <i>CRAIG L. LALONDE</i>		SOCIAL SECURITY NUMBER*	
ADDRESS _____		TELEPHONE NUMBER (Include Area Code) _____	
CITY _____	STATE <i>MI</i>	ZIP CODE _____	

## COMPANY REPRESENTING

COMPANY NAME <i>WRIGHT AND FILIPPIS</i>		
ADDRESS <i>2845 CROOKS RD</i>		BUSINESS TELEPHONE NUMBER (Include Area Code) <i>248-640-0787</i>
CITY <i>Rochester Hills</i>	STATE <i>MI</i>	ZIP CODE <i>48309</i>

REFERENCES - Enter below the names and addresses of three references and submit not less than two (2) written references with this application from those listed certifying your years of experience as an elevator constructor, journey person or equivalent.

NAME <i>RON PETERSON</i>			NAME <i>Breck Peterson</i>		
ADDRESS <i>2377 Prado vici</i>			ADDRESS <i>30 NORTH SAGINAW #502</i>		
CITY <i>Howell</i>	STATE <i>MI</i>	ZIP CODE <i>48843</i>	CITY <i>PONTIAC</i>	STATE <i>MI</i>	ZIP CODE <i>48342</i>
NAME <i>ERIC PETERSON</i>			NAME <i>TONY FILIPPIS</i>		
ADDRESS _____			ADDRESS <i>2845 CROOKS RD</i>		
CITY <i>Perry</i>	STATE <i>MI</i>	ZIP CODE <i>48872</i>	CITY <i>Rochester Hills</i>	STATE <i>MI</i>	ZIP CODE <i>48309</i>

\*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.



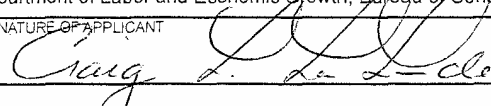
**EMPLOYMENT HISTORY** - Start with present or last employer and list in reverse order. (Attach additional sheets if necessary)

State definitively your qualifying installation and servicing experience on equipment, similar to that for which license is required. Give names and addresses of firms with whom employed, duties, length of service and dates of employment. Present available documentary evidence to substantiate experience.

NAME OF PRESENT OR LAST EMPLOYER <b>WRIGHT AND FILIPPIS</b>			DATES EMPLOYED (Month / Day / Year) FROM: TO:	
ADDRESS <b>2845 CROOKS RD</b>	CITY <b>ROCHESTER HILLS</b>	STATE <b>MI</b>	<b>1-22-07 Present</b>	
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) <b>JOURNEYMAN</b>		YOUR SUPERVISOR'S NAME AND TITLE <b>TONY FILIPPIS III</b>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <b>NEW CONSTRUCTION, MAINTENANCE, SERVICE, REPAIR ON ALL TYPES OF LIFTS LISTED BELOW</b>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <b>LULA'S, BFLD'S (ROPED HYDRO'S &amp; DIRECT PLUNGERS) RESIDENTIAL ELEVATORS BOTH ROPED HYDRO'S &amp; WINDING DRUM, VPL'S, IPL'S, STAIRCHAIRS</b>				
NAME OF PREVIOUS EMPLOYER <b>ELEVATOR SOLUTIONS INC</b>			DATES EMPLOYED (Month / Day / Year) FROM: TO:	
ADDRESS <b>30 NORTH SAGINAW</b>	CITY <b>PONTIAC</b>	STATE <b>MI</b>	<b>6/15/04 1/22/07</b>	
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) <b>Journeyman</b>		YOUR SUPERVISOR'S NAME AND TITLE <b>Breck Peterson Owner</b>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <b>NEW CONSTRUCTION, MAINTENANCE, SERVICE, REPAIR, MODERNIZATIONS</b>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <b>FREIGHT GEARED &amp; GEARLESS AND DIRECT PLUNGER HYDRO. / PASSENGER TRACTION GEARED GEARLESS, ROPED HYDRO, DIRECT PLUNGER, LULA'S BFLD'S, VPL'S, IPL'S, STAIRCHAIRS, HILLSIDE LIFTS, STAGELIFTS, SEWER LIFTS, SIDEWALK LIFTS, VRC'S, -RESIDENTIAL LIFTS INCLUDING CHAIN DRIVE</b>				
NAME OF PREVIOUS EMPLOYER <b>B &amp; D ELEVATOR</b>			DATES EMPLOYED (Month / Day / Year) FROM: TO:	
ADDRESS <b>436 SAGINAW ST Suite 110</b>	CITY <b>FLINT</b>	STATE <b>MI</b>	<b>7-6-00 6-15-04</b>	
YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) <b>Journeyman / APPRENTICE</b>		YOUR SUPERVISOR'S NAME AND TITLE <b>RON PETERSON OWNER / BRECK PETERSON MECHANIC</b>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <b>HELPER, NEW CONSTRUCTION, SERVICE, REPAIR, MODERNIZATIONS</b>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <b>FREIGHT TRACTION (geared &amp; Gearless) Freight Hydraulic, FREIGHT HAND POWERED, PASSENGER TRACTION (geared &amp; Gearless) Passenger Roped Hydro &amp; Direct Plunger, LULAS, BFLD, VPL, IPL'S STAIRCHAIRS, STAGELIFTS, RESIDENTIAL LIFTS INCLUDING WINDING DRUM, Dumbwaiters</b>				

If you have a disability and require an accommodation to take the examination, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office.

**CERTIFICATION AND SIGNATURE**

I certify all statements are true to the best of my knowledge and that all work shall be done according to the State of Michigan elevator law, rules and regulations adopted by the Elevator Safety Board.	
I also certify I am actively employed by the company I'm representing and that in the event of my leaving said firm, agree to immediately notify the Michigan Department of Labor and Economic Growth, Bureau of Construction Codes.	
SIGNATURE OF APPLICANT 	DATE <b>3-2-08</b>



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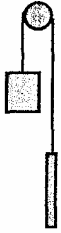
To Whom It May Concern:

As of February 27, 2008 Craig LaLonde has been a full time employee of Wright & Filippis in excess of 13 months. In that time period he has been responsible for the installation, maintenance, service, and repair of the following commercial and residential equipment: roped hydraulic LULA elevators, roped hydraulic private residence elevators (RES), vertical platform lifts (VPL), incline platform lifts (IPL), and stairway chairlifts (SC). Craig has also maintained and serviced commercial and residential barrier free lifting devices (BFLD) and dumbwaiters.

Since Craig started working for me I have overseen his work and it is apparent that he is very diligent and responsible. He ensures that the work is completed properly and reliably and maintains a high standard of workmanship and safety.

Thank you,

Anthony J Filippis III  
Lift, Elevator, and Ramp Department Manager  
Wright & Filippis, Inc.



# ELEVATOR SOLUTIONS, INC.

MAINTENANCE REPAIR BARRIER FREE  
Class A Elevator Contractors license #080

02/28/08

Michigan Department of Labor & Economic Growth  
Bureau of Construction Codes & Fire Safety  
Elevator Safety Division  
P.O. Box 30255, Lansing, Mi 48909

Attn: Cal Rogler

Re: Craig Lalonde

Cal

Craig and I worked together for a continuous period of 6 1/2 years. Starting out as my helper at B & D Elevator and then journeyman, and further as a journeyman working for me at Elevator Solutions, in that 6 1/2 years he was an invaluable asset in the new construction, service, modernization and maintenance of hydraulic passenger elevators both twin posts, holed and holeless as well as roped hydraulic units.

Craig has performed numerous valve jobs from rebuilding to complete replacement and adjustment, multiple jack replacements of both single and two piece jacks as well as drilling and casing of several holes. He has vast knowledge in new construction, service, maintenance and repair of direct plunger and roped hydraulic elevators such as Passenger elevators, LULAs, BFLD's, and Residential elevators. Craig has also been directly involved in the new construction, maintenance service and repair of Stage lifts, Vertical Platform Lifts (both commercial and residential), Inclined Platform Lifts (both commercial and residential) and Stair Chairs (both commercial and residential).

Craig has also been directly involved in the maintenance, repair, modernization, service and testing of both geared and gearless traction elevators. Some of his experiences include but are not limited to the re-roping of traction cars, replacing controllers, and replacement of wooden rails. He was involved in the maintenance, repair, service and modernization of freight elevators including traction and direct plunger hydraulic units as well as repairs on a hand powered freight unit. Also to his credit is the maintenance, service and repair of sewer lifts, sidewalk elevators, one man elevators, personnel hoists and hillside elevators in which he has seen a vast number of repairs, including valve jobs, drive units and ground door repairs for the sidewalk lift. He has also installed and maintained both commercial and residential dumb-waiters.

Sincerely,

Breck Peterson

30 N. Saginaw Street, Suite #502, Pontiac, Mi 48342

Tele #: (517) 202-3272

Fax #: (248) 758-9149

Application for Elevator Certificate of Competency Examination  
Michigan Department of Labor & Economic Growth  
Bureau of Construction Codes  
Elevator Safety Division  
P.O. Box 30255  
Lansing, MI 48909  
517-241-9337  
www.michigan.gov/bcc

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OFFICE USE ONLY

DIVISION ACTION	DATE
<input type="checkbox"/> SUBMITTED TO BOARD	INITIALS
<input type="checkbox"/> REJECTED	DATE
BOARD ACTION	
<input type="checkbox"/> APPROVED	
<input type="checkbox"/> REJECTED	

EXAMINATION FEE: \$35.00 (nonrefundable)

Authority: 1967 PA 227 Completion: Mandatory As Required By Section 12 Penalty: Examination Will Not Be Given	The Department of Labor and Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.
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IMPORTANT - READ CAREFULLY

- This application must be on file in the office of the Elevator Safety Division, Department of Labor & Economic Growth, Bureau of Construction Codes, P.O. Box 30255, Lansing, Michigan, 48909, on or before the twentieth day proceeding the date of the examination.
- Examinations will be held at location and on dates designated by the Elevator Safety Board in accordance with 1967 PA 227.
- General inspector applicants must have 3 years of experience in elevator construction. Special inspector applicants must have 3 years of experience in designing, installing, maintaining or inspecting elevators.
- Applicant shall record his/her formal education and names of his/her previous employers, date of employment and type of work performed.
- Provide a written reference from one or more previous employers certifying the applicant's character and experience.
- Examination applications not properly completed will be rejected.
- The examination fee must accompany this application. Make check or money order payable to the State of Michigan.
- Mail completed examination application and fee to above address.

HAVE YOU PREVIOUSLY APPLIED TO TAKE THIS EXAMINATION? ☐ No ☒ Yes

Tran Info: 183 13753201-1 03/03/08  
Chk#: 10116698772 Amt: \$35.00  
ID: LINDA MAHN

APPLICANT INFORMATION

TYPE <input type="checkbox"/> General <input type="checkbox"/> Special		
NAME <i>Keith Alan Mann</i>	SOCIAL SECURITY NUMBER	
ADDRESS <i>1/2</i>	TELEPHONE NUMBER (Include Area Code)	
CITY	STATE <i>Mich</i>	ZIP CODE
Do you currently hold an elevator contractor license? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C License No. _____		
Do you currently hold an elevator journeyperson license? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Class <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C License No. <i>057305</i>		

EDUCATION AND TRAINING

CHECK THE HIGHEST GRADE COMPLETED <input type="checkbox"/> 6 or Less <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input checked="" type="checkbox"/> 12	
DID YOU GRADUATE? <input checked="" type="checkbox"/> Yes, Year <i>79</i> <input type="checkbox"/> No	IF YOU HAVE NOT COMPLETED HIGH SCHOOL, HAVE YOU TAKEN THE G.E.D. TEST TO EARN HIGH SCHOOL EQUIVALENCY? <input type="checkbox"/> Yes <input type="checkbox"/> No
HIGH SCHOOL <i>Cedar Springs Public</i>	
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING)	
SPECIAL TRAINING	

\*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

**EMPLOYMENT HISTORY** - Start with present or last employer and list in reverse order. (Attach additional sheets if necessary)

State definitively your qualifying installation and servicing experience on equipment, similar to that for which license is required. Give names and addresses of firms with whom employed, duties, length of service and dates of employment. Present available documentary evidence to substantiate experience.

NAME OF PRESENT OR LAST EMPLOYER <b>Chris Elevator</b>			DATES EMPLOYED (Month / Day / Year) FROM <b>6-13-89</b> TO <b>8-31-07</b>	
ADDRESS		CITY <b>Grand Rapids</b>	STATE <b>Mich.</b>	
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) <b>Journeyman</b>		YOUR SUPERVISOR'S NAME AND TITLE <b>Tom Brugger Maint Supervisor</b>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <b>Maintenance, New Construction, service of imob.</b>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <b>Escalators, Hydro, Roped hydro, Stage lifts piston and screw type. Traction geared and gearless</b>				
NAME OF PREVIOUS EMPLOYER <b>Great Lakes Elevator</b>			DATES EMPLOYED (Month / Day / Year) FROM <b>2-82</b> TO <b>6-11-89</b>	
ADDRESS		CITY <b>Cedar Springs</b>	STATE <b>Mich.</b>	
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.) <b>Apprentice / Journeyman</b>		YOUR SUPERVISOR'S NAME AND TITLE <b>Joe Nuffesse Owner Operator</b>		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) <b>New installation, Mod, Maintenance.</b>				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) <b>Geared Traction, side walk lifts, BILD, stage lifts 2 + 4 post cable guides Hydraulic, water dropic, screw lifts Freights and Passenger.</b>				
NAME OF PREVIOUS EMPLOYER			DATES EMPLOYED (Month / Day / Year) FROM: TO:	
ADDRESS		CITY	STATE	
YOUR JOB TITLE (Apprentice, Journeyman, Foreman, Adjuster, etc.)		YOUR SUPERVISOR'S NAME AND TITLE		
JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.)				
TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.)				

If you have a disability and require an accommodation to take the examination, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office.

**CERTIFICATION AND SIGNATURE**

I certify all statements are true to the best of my knowledge.	
SIGNATURE OF APPLICANT <b>Kathleen M. M...</b>	DATE <b>2-29-08</b>

October 11, 2007

To Whom It May Concern:

Re: Keith Mann

I have known Keith for approximately 13 years. He began his career in the elevator industry in 1983 with a small elevator company. He made the transition to Otis Elevator Company in 1989. In his early years with Otis he worked in both the service department and the construction department. In approximately 1993, he became a route mechanic. At that time I was the maintenance supervisor in Grand Rapids and Keith reported to me.

I found him to be a good hard worker. He willingly took on any job assignment given to him. His expertise on various elevator models increased with each year he managed his route. The number of units steadily grew on his route and Keith managed to keep up with the ever increasing workload.

Allowing Keith to take the competency test would be recommended by me. At this point in his career, he is ready to add to his list of experiences.

Sincerely,



Eugene Bruggner

Retired OTIS Elevator Supervisor

Richard Mann mechanic of Central  
Elevator State number - - - -

I recommend Keith Mann to sit  
for the state competency test.  
I think he would make a great  
State inspector, with his 25 plus  
years of experience working on  
elevators. Keith is very diversified  
in the elevator field. Works well  
with others, and has a good  
work ethic. Most important is  
Keith's caring side for other  
people. Really I can't say  
enough good about him.

Sincerely

Richard  
Mann

10-8-07

I'm writing on behalf of Keith Mann.

With his 20 plus years of experience as a maintenance man he is a great candidate to become a state inspector.

He is reliable, pays attention to detail, + fair.

Sincerely  
Mike Mann





JENNIFER M. GRANHOLM  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LABOR & ECONOMIC GROWTH  
LANSING

KEITH W. COOLEY  
DIRECTOR

March 10, 2007

To: Elevator Safety Board

From: C. W. Rogler

Subject: Variance request regarding overhead clearance at The Sacred Heart Rehabilitation Center, 400 Stoddard Rd, Memphis, Michigan, permit # 60443.

Request has been made by Wright & Filippis for a variance to section 3.1.2.1, 3.1.2.2, 3.1.2.3 & 3.1.1 of the ASME A18.1-2003, Safety Standards for Platform Lifts and Stairway Chairlifts.

**Division Recommendation**

The Elevator Safety Division recommends the board review the current application to assure a safe installation and compliance with their intentions.

*Providing for Michigan's Safety in the Built Environment*

BUREAU OF CONSTRUCTION CODES  
P.O. BOX 30254 • LANSING, MICHIGAN 48909  
Telephone (517) 241-9337 • Fax (517) 241-6301  
[www.michigan.gov](http://www.michigan.gov)



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Mr. Cal Rogler, Chief  
Elevator Safety Division  
Bureau of Construction Codes  
P.O. Box 30254  
Lansing, MI 48909

Dear Mr. Rogler,

This letter is regarding permit number 60443 for a Savaria ES125 incline wheelchair lift. This lift will provide access to the library at The Sacred Heart Rehabilitation Center located at 400 Stoddard Road in Memphis, MI. We are requesting a variance relating to the required overhead clearance because of the following restrictions:

The Sacred Heart Rehabilitation Center is a commercial building that is not open to the general public, the patients are admitted to the facility, and they are closely supervised.

The visitation is regulated and supervised by the administrative staff of Sacred Heart.

The incline wheelchair lift is keyed, will be attendant operated at all times, and can only be operated by authorized personnel with access to the keys.

There will be a wheelchair provided at the lift location for anyone that may require use of the incline lift and but not completely dependent on a wheelchair.

Appropriate signage will be located on the platform and at the top and bottom landings near the call stations informing everyone of the overhead clearance and requiring the use of a wheelchair to use the lift.

The platform will not travel in the folded position.

The lift will be stored at the lower landing and folded, and it will not be able to be folded at the upper landing.

Thank you for your time and consideration.

Sincerely,

Anthony Filippis III  
Wright & Filippis, Inc.  
Sales & Marketing Representative



# Application for Elevator Installation Permit

176

Michigan Department of Labor & Economic Growth  
Bureau of Construction Codes & Fire Safety  
Elevator Safety Division  
P.O. Box 30255, Lansing, MI 48909  
517/241-9337

OFFICE USE ONLY	
STATE SERIAL NUMBER	47050
PERMIT NUMBER	60443
PERMIT APPROVED BY	CDD
DATE	1-17-08

FORMS AND BLUE PRINTS MUST BE SUBMITTED IN TRIPLICATE

Authority: 1967 PA 227 Completion: Mandatory Penalty: \$50.00	The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.
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## BILLING INFORMATION

ELEVATOR LOCATION (BUILDING NAME) Sacred Heart Rehab Center - Library		COUNTY ST. CLAIR	
LOCATION (ADDRESS) 400 Stoddard		CITY Memphis	ZIP CODE 48041
BILLING INFORMATION (OWNER OR DESIGNATED AGENT) Sacred Heart Rehab CTR.	BILLING ADDRESS 400 Stoddard	CITY Memphis	STATE MI
TYPE OF DEVICE IPL		MANUFACTURED BY Savaria, Inc.	MANUFACTURER'S NUMBER ES-125
TYPE OF CONTROL CPPB	CAPACITY 450 LBS	RATED SPEED 21 FPM	RISE OF CAR 2' FT 7" IN
		NUMBER OF LANDINGS 2	

## CAR

HOW OPERATED FROM CAR <input type="checkbox"/> HAND ROPE <input type="checkbox"/> CAR SWITCH <input type="checkbox"/> AUTO <input checked="" type="checkbox"/> PUSH BUTTON		FROM LANDING Push Button	DESTINATION - ORIENTED ELEVATOR SYSTEM <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SIZE OF PLATFORM (INSIDE) 30"x48"	NUMBER OF CAR ENTRANCES <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	SAFE EDGE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	ELECTRIC EYE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
POWER OPERATED DOOR REOPENING DEVICE <input type="checkbox"/> PROXIMITY <input type="checkbox"/> INFRARED <input type="checkbox"/> OTHER NA		CAR DOORS OR GATES POWER OPERATED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
HOISTWAY DOORS ARE <input type="checkbox"/> SEQUENCE <input type="checkbox"/> SIMULTANEOUSLY NA		EMERGENCY EXITS <input type="checkbox"/> CAR TOP HINGED <input type="checkbox"/> CAR TOP REMOVABLE <input type="checkbox"/> SIDE PANEL NA	
EMERGENCY EXIT ELECTRIC CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO NA		TYPE OF CAR SAFETY DEVICE <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> OTHER	
POWER DOOR OPERATOR (MANUFACTURER'S NAME) NA		EMERGENCY CALL <input checked="" type="checkbox"/> BELL <input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> OTHER Audio-Visual Alarm	

## CABLES

NUMBER 1	HOISTING	GOVERNOR	COMPENSATION	DIAMETER OF SHEAVES	
DIAMETER 3/16				DEFLECTOR 5"	CAR NA
MATERIAL Aircraft Cable				COUNTERWEIGHT NA	
CONSTRUCTION 7x19				SLACK CABLE DEVICE LOCATION <input type="checkbox"/> CAR <input checked="" type="checkbox"/> MACHINE <input type="checkbox"/> NONE <input type="checkbox"/> OTHER	
ROPING <input checked="" type="checkbox"/> SINGLE WRAPPED 1 TO 1 <input type="checkbox"/> DOUBLE WRAPPED 1 TO 1 <input type="checkbox"/> SINGLE WRAPPED 2 TO 1 <input type="checkbox"/> DOUBLE WRAPPED 2 TO 1				FASTENINGS <input type="checkbox"/> TAPERED SOCKETS <input checked="" type="checkbox"/> CLIPS <input type="checkbox"/> WEDGE CLAMP	

## MACHINE ROOM

LOCATION <input type="checkbox"/> OVERHEAD <input type="checkbox"/> BASEMENT <input type="checkbox"/> FIRST FLOOR <input checked="" type="checkbox"/> OTHER Self Contained		SELF CLOSING SELF LOCKING DOOR PROVIDED <input type="checkbox"/> YES <input type="checkbox"/> NO NA	
MACHINE ROOM FULLY ENCLOSED Self contained <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	MACHINE TYPE 1. <input checked="" type="checkbox"/> CABLE 3. <input type="checkbox"/> ROPED HYDRAULIC 5. <input type="checkbox"/> OTHER 2. <input type="checkbox"/> DIRECT PLUNGER HYDRAULIC 4. <input type="checkbox"/> HAND POWER		POWER 1. <input checked="" type="checkbox"/> ELECTRIC 2. <input type="checkbox"/> HAND POWER
TYPE OF DRIVE Self Locking Gearbox	TYPE OF BREAK Electro-Mechanical	TYPE OF BRAKE (RELEASED) ELECTRIC	DIAMETER OF SHEAVES/SPROCKETS/PULLEYS DRUM 8 INCHES TRACTION NA INCHES
TYPE OF GOVERNOR AND LOCATION NA	GOVERNOR TRIPPING SPEED NA FPM	GOVERNOR OVERSPEED SWITCH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PHASE PROTECTION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
H.P. 1/2	ELECTRIC MOTOR VOLTAGE 120 <input checked="" type="checkbox"/> A.C. <input type="checkbox"/> D.C.	OPERATING DEVICE VOLTAGE 24V <input type="checkbox"/> A.C. <input checked="" type="checkbox"/> D.C.	DIAMETER OF PLUNGER NA INCHES
FULLY EXPOSED CYLINDER <input type="checkbox"/> YES NA <input type="checkbox"/> NO	CYLINDER PROTECTION TYPE NA	SHUTOFF VALVE LOCATION <input type="checkbox"/> PIT <input type="checkbox"/> MACHINE ROOM <input type="checkbox"/> OTHER NA	OVERSPEED VALVE <input type="checkbox"/> YES <input type="checkbox"/> NO NA

## CONTRACTOR SIGNATURE

CONTRACTOR'S COMPANY NAME AND BRANCH OFFICE (CITY) Wright Filippis Inc. - Rochester Hills	CONTRACTOR LICENSE NUMBER 3065	PERMIT FEE \$ 100.00
CONTRACTOR'S SIGNATURE <i>[Signature]</i>	DATE 1-10-08	

# DRAWING APPROVAL:

THIS DRAWING REFLECTS OUR INTERPRETATION OF THE INFORMATION PROVIDED BY THE DEALER ON THE ESTD ORDER FORM. THIS INFORMATION IS THE DEALER'S RESPONSIBILITY. IF THE DEALER HAS MADE ANY CHANGES TO THE ORIGINAL ORDER, THEY MUST BE INDICATED BY A CHECKED BOX AND MANUFACTURED. PLEASE INDICATE THE REQUESTED ACTION BY CHECKING ONE OF THE FOLLOWING BOXES AND SIGNING BELOW TO AUTHORIZE COMPLETION OF THIS ORDER.

- ☐ APPROVED WITH NO EXCEPTIONS
- ☐ CHANGE AS NOTED, REAPPROVAL REQUIRED
- ☐ MANUFACTURE ELEVATION AS PER DRAWING
- ☐ UNCORRECTED DRAWING FOR REAPPROVAL BEFORE MANUFACTURE

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
CAUTION: ONCE THE DRAWING IS APPROVED, JOB CANCELLATION FEES WILL BE SIZE OF JOB PRICING

PLEASE CONFIRM THE APPLICABLE CODES IN YOUR AREA:

BY DEFAULT, THE ASME A18.1 1999 WILL BE THE APPLICABLE CODE.

## ITEMS PROVIDED BY OTHERS:

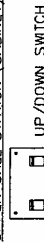
- 1-BRANCH CIRCUIT AND LOCKABLE FUSED DISCONNECT: 110 VAC/15AMP/1 PHASE
- EQUIPMENT AND WIRING MUST MEET THE REQUIREMENTS OF ARTICLE 620 OF THE NEC.

2-CERTIFICATION OF THE STRUCTURAL CAPACITY OF THE BUILDING OR OF THE STRUCTURE SUPPORTING THE ELEVATOR (SEE LOADS ON THIS DRAWING)

3-MINIMUM LIGHTING OF 100 LX, AT THE DRIVE SYSTEM, AT LANDINGS AND ON THE PLATFORM ALONG OF THE TRAVEL. EMERGENCY LIGHTING OF 2 LX FOR A MINIMUM OF ONE HOUR ON THE PLATFORM ALONG THE TRAVEL.

4- THIS EQUIPMENT MUST BE INSTALLED IN COMPLIANCE WITH ASME A18.1 1999 CODE, BY A QUALIFIED TECHNICIAN.

## UPPER CALL STATION (CABINET)



NOTICE:

THE CONFORMITY FOR ACCESS TO THE PLATFORM IS THE DISTRIBUTOR'S RESPONSIBILITY.

CAR STATION

EMERGENCY

UP/DOWN SWITCH

POWER FOLD SWITCH

KEY

UP/DOWN SWITCH

LOWER CALL STATION

KEY

UP BUTTON

DOWN BUTTON

POWER FOLD CONTROL

Stairway Dimensions in Inches

CUSTOMER: WRIGHT & FLIPPIS INC.

PROJECT: SACRED LIBRARY

NUMBER 29280

## ABBREVIATION:

- TH: THEORETICAL
- C/W: COUNTER WEIGHT
- EOC: END OF CABINET
- EOL: END OF LIFT
- EDW: END OF WALL
- VF: VERIFICATION IN FIELD REQUIRED

UPPER CALL STATION

LOWER CALL STATION

17 1/2 FLUSH AT FRONT

11 1/4

48 P-F

450 LB

36.5"

13"

REACTION ACTING FOR EACH POST = 1200 LB

PULL-OUT FORCE ON SUPPORT POST IS 1200 LB (APPROX)

ADEQUATE STRUCTURAL SUPPORT TO BE PROVIDED FOR THE STEPS ALONG THE STAIRS.

STAIRWAY PLATFORM LIFT MODEL ES-125PLUS

ACCESS TO PLATFORM: IN-LINE ACCESS

SIDE OF INSTALLATION: RIGHT

ANGLE OF STAIRCASE: 30°

WIDTH OF STAIRWAY: 65"

LENGTH OF STAIRWAY: 62"

NUMBER OF RAIL: 1

APPROX. RAIL WEIGHT: 1978S

NUMBER OF RISERS: 5

AVERAGE RISER: 6 3/16"

AVERAGE TREAD: 10 12/16"

OPTIONS:

PF 30 X 48, IN LINE ACCESS

BOTTOM LANDING POST

SELF SUPPORT POSTS (2) -TBV

MOTORIZED SAFETY ARMS

POWER FOLD PLATFORM

WIRE REMOTE CONTROL

POST FOR CALL/SEND (LOWER) TBV

AUDIO & VISUAL ALARM

APPROVAL DRAWING

1. RATED LOAD : 450 Lbs (204 kg)

2. CAPACITY : ONE PERSON IN WHEELCHAIR

3. RATED SPEED : 21 ft/min

4. WEIGHT OF CAR : 235 Lbs

5. POWER SUPPLY : 120VAC/15A/1Ph/60Hz

6. MOTOR : 120VAC, 1/2 H.P., 1Ph

7. CONTROL : 24VAC

8. OPERATION : CONSTANT PRESSURE

9. PLATFORM SIZE: 30 X 48

10. ELEVATING CLASS : UNENCLOSED STAIR PLATFORM LIFT

11. BEIGE COLOR STANDARD

12. LOCATION: INDOOR

13. TYPE OFF INSTALLATION : PUBLIC

TOUTS RENDEMENTIS CONTIENS SUR CE DESIN SONT STRICTEMENT CONFIDENTIELS

ALL INFORMATION CONTAINED ON THIS DRAWING IS STRICTLY CONFIDENTIAL.

PROJECTION: TOLERANCES GENERALES SI NON SPECIFIEES/GENERAL TOLERANCES

FRAC: ±1/4"

SCALE: NTS

ECHELLE: NTS

DESIGNER: A. BERTRAND

DRAWN BY:

DATE: 25/11/07

VERIFIED: NIL

DESIGN/DWG. NO: 29280-A08UP-30

REV# 0

PAGE: 1

TITLE: LIFT FOR HANDICAPPED

MODEL: ES-125 INCLINED LIFT

SERVICES: INDUSTRIES SAVARIA INC.

DATE: 25/11/07

REV# 0

PAGE: 1

TITLE: LIFT FOR HANDICAPPED

GENERAL INFORMATION NOTICE  
•STAIRWAY DIMENSIONS ARE IN INCHES  
•THIS DRAWING SHOULD ONLY BE USED FOR REFERENCE PURPOSES

SELF SUPPORT POST ANCHORAGE FOR REINFORCED CONCRETE:

SLEEVE ANCHORS 1/2-30" AT EVERY HOLES

MAX. TORQUE: 28 FT-Lbs.

MIN. EMBEDMENT DEPTH: 2-1/4"

3000 psi CONCRETE FLOOR MIN. REQ'D

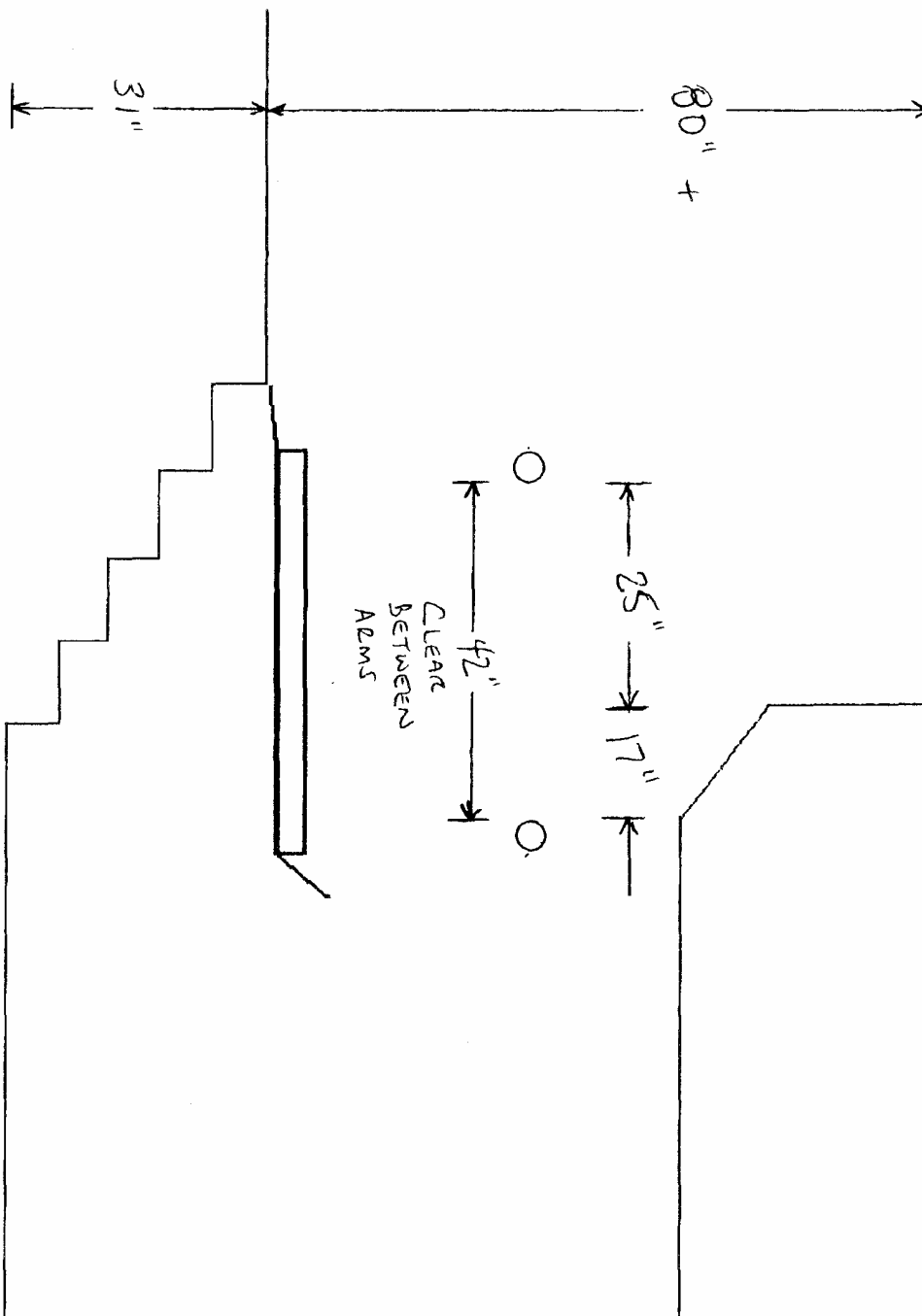
GUIDE RAIL: STEEL 3/16" THICK

ANCHORING TO SUPPORT POST:

2 BOLT #1/4-20 GRADE 5

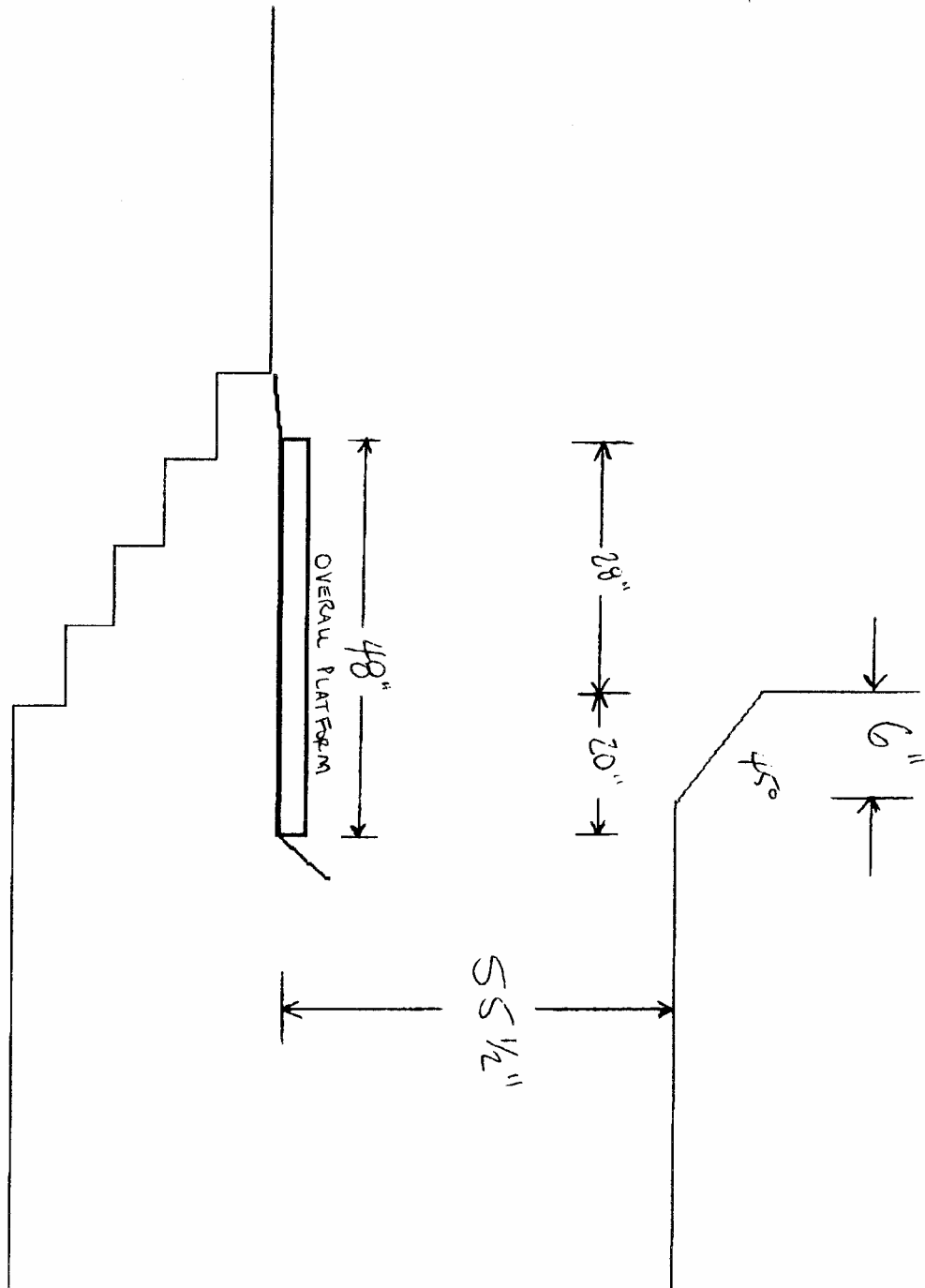
2 @ EACH POST (THREADED IN THE POST)

THROUGH TOP METAL RAIL

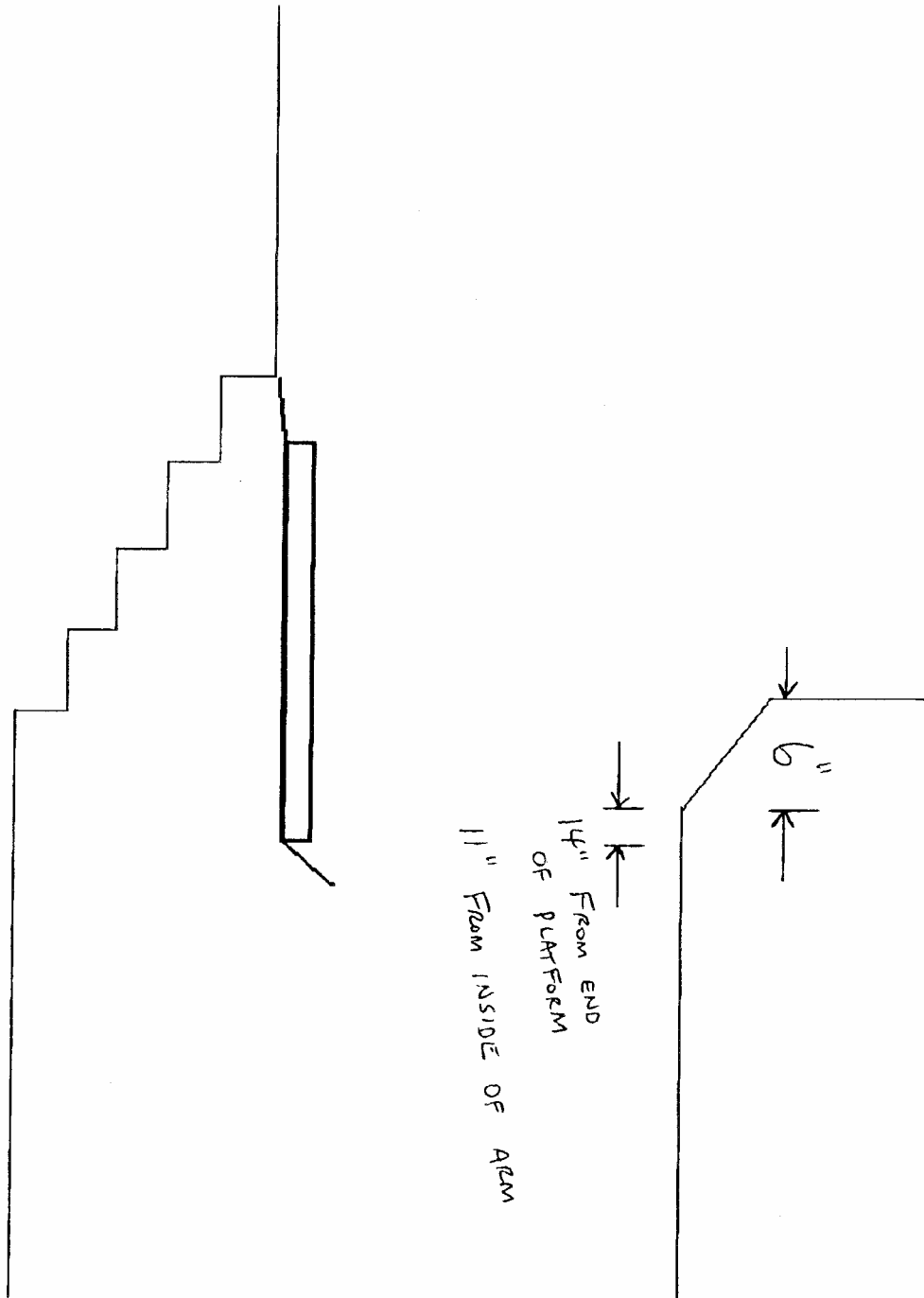


NOT TO SCALE

NOT TO SCALE



NOT TO SCALE



NOT TO SCALE

